

Instructions for Program Directors: How to use DocuSign for the Written Agreement

FLLING IN THE POWERFORM

You will have received the link for a PowerForm. This will help us kickstart the process of signing the agreement. We recommend bookmarking this link as you will use to fill in the contact information of the signatories for every student in your CTE Pharmacy Technician Program.

Once you click on the link, the following screen will open in a new window

The screenshot shows a DocuSign PowerForm interface. At the top, there is a dark blue header bar with a yellow star icon on the left and a yellow button labeled "BEGIN SIGNING" on the right. The main content area is white and contains the following text and form fields:

PowerForm Signer Information

Hello!

Please fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

If you have any questions or concerns please contact
CTEhelp@doh.virginia.gov

Thank you!

Please enter your name and email to begin the signing process.

PROGRAM DIRECTOR

Your Name: *

Your Email: *

Please provide information for any other signers needed for this document.

LICENSED PHARMACIST/NATIONALLY CERTIFIED PHARMACY TECHNICIAN

Name:

Email:

PARENT/GUARDIAN

Name:

Email:

STUDENT

Name:

Email:

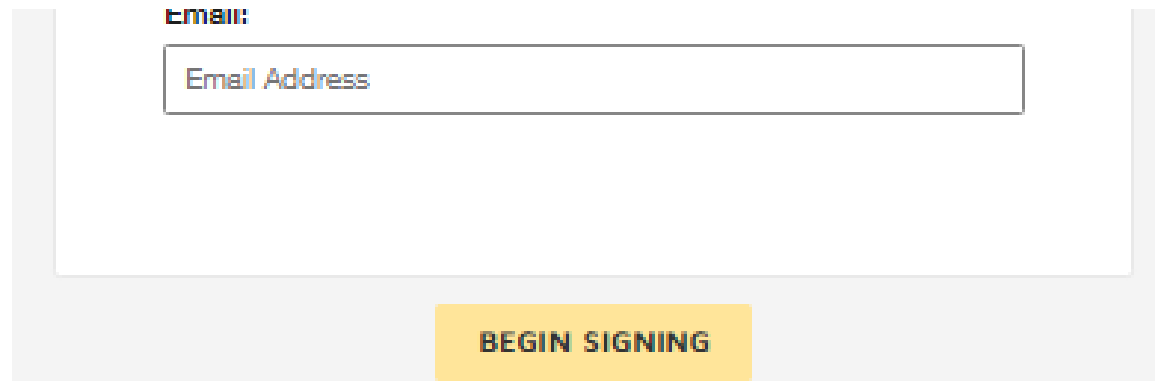
At the bottom of the form, there is a yellow button labeled "BEGIN SIGNING".

You will fill out the PowerForm with:

- Your name and email address
- The licensed pharmacist/nationally certified pharmacy technicians name and email address (from the pharmacy the student will be doing their clinical hours in)
- The student's parent/guardians name and email address
- The student's name and email address

It is important you check the form to make sure all the information is accurate!

When you are done, click on the bottom button to "Begin Signing"



The screenshot shows a web form interface. At the top, there is a label "Email:" in a small, multi-colored font. Below it is a rectangular input field with a thin black border, containing the placeholder text "Email Address" in a similar multi-colored font. The form is set against a light gray background. At the bottom center of the form area, there is a yellow rectangular button with the text "BEGIN SIGNING" in bold, black, uppercase letters.

FLLING IN THE WRITTEN AGREEMENT

*An email will also be sent to you with access to the agreement. The subject line will read “Complete with DocuSign: CTE Pharmacy Technician Program Agreement – STUDENT’S NAME”

Zahra Qarni sent you a document to review and sign.

REVIEW DOCUMENT

Maria Temple
Maria.temple@tcps.org

Please fill out this agreement for the student participating in the Career and Technical Education (CTE) Pharmacy Technician Program Clinical Experience.

The Virginia Department of Education (VDOE), in collaboration with the Virginia Department of Labor and Industry (DOLI), Virginia Department of Health Professions (DHP) and Virginia Board of Pharmacy has entered into a memorandum of agreement to ensure the workplace health and safety of high school students under the age of 18 while participating in CTE Pharmacy Technician Programs.

If the student is under the age of 18, in order to participate in a Clinical Experience at a Pharmacy, they need to sign a work-training written agreement. Students must be at least 16 years old to participate in the Clinical Experience.
DOLI has created a work-training program written agreement as required by Va. Code §40.1-89 to assure proper oversight of child labor conditions in pharmacy settings in accordance with child protection statutes (Va. Code §§ 40.1-100.A.4 and 40.1-103). The agreement will be signed by the CTE Program Director, the student, the student's parent/guardian and the Pharmacy.

Written Agreement

DOLI is using DocuSign to fill out the VDOE/DOLI Pharmacy Technician Work-Training Written Agreement.

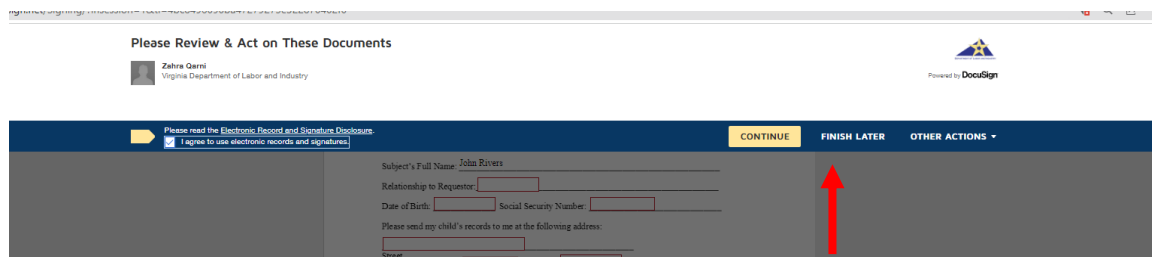
For help with filling out the form, please visit <https://www.doli.virginia.gov/labor-law/>.

A complete agreement with everyone's signatures will be sent to you once all the signatories have completed their portion of the document.

Help Message: If you get stuck, have any questions or need any help please contact CTEhelp@doli.virginia.gov.

When you receive this email, click on the yellow button that says, 'Review Document'. This will help us kickstart the process of signing the agreement. *

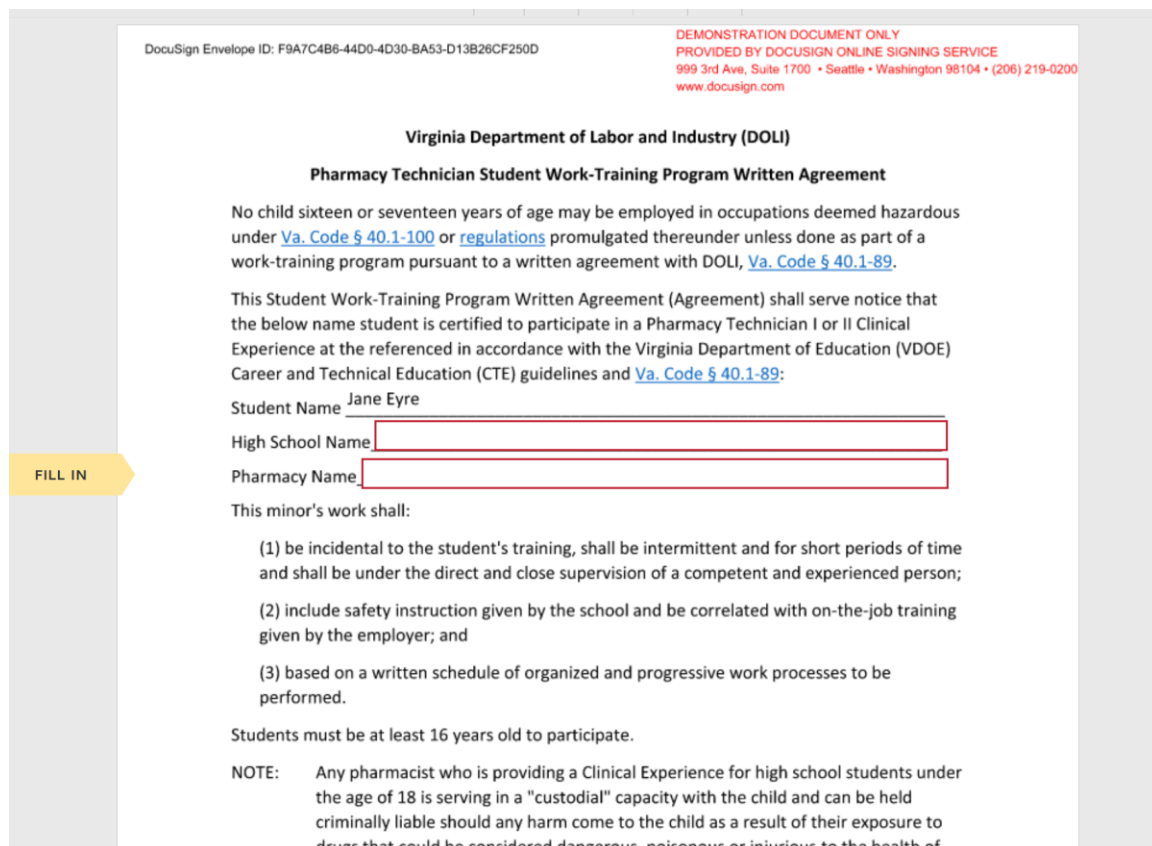
You will be taken to a new page. At the top, there will be a banner asking you to agree to using electronic records and signatures.



You will be asked to review and act on the documents.

Once you check agree, click on the 'continue' button.

On the first page, you will see two boxes around the answer fields for 'high school name' and 'pharmacy name'.



Type in the name of the student's High School, and the business name of the pharmacy where the student will complete their clinical experience hours. For example:

- the name of the student's high school, e.g. J.R. Tucker High School, AND

- the name of the pharmacy where the student will be doing their clinical hours, e.g. South River Compounding Pharmacy or CVS Pharmacy.

DocuSign Envelope ID: F9A7C4B6-44D0-4D30-BA53-D13B26CF250D

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www.docusign.com

Virginia Department of Labor and Industry (DOLI)

Pharmacy Technician Student Work-Training Program Written Agreement

No child sixteen or seventeen years of age may be employed in occupations deemed hazardous under [Va. Code § 40.1-100](#) or [regulations](#) promulgated thereunder unless done as part of a work-training program pursuant to a written agreement with DOLI, [Va. Code § 40.1-89](#).

This Student Work-Training Program Written Agreement (Agreement) shall serve notice that the below name student is certified to participate in a Pharmacy Technician I or II Clinical Experience at the referenced in accordance with the Virginia Department of Education (VDOE) Career and Technical Education (CTE) guidelines and [Va. Code § 40.1-89](#):

Student Name Jane Eyre

High School Name Thornfield County Public School

Pharmacy Name Reed's Apothecary

This minor's work shall:

- (1) be incidental to the student's training, shall be intermittent and for short periods of time and shall be under the direct and close supervision of a competent and experienced person;
- (2) include safety instruction given by the school and be correlated with on-the-job training given by the employer; and
- (3) based on a written schedule of organized and progressive work processes to be performed.

Students must be at least 16 years old to participate.

NOTE: Any pharmacist who is providing a Clinical Experience for high school students under the age of 18 is serving in a "custodial" capacity with the child and can be held

If you do not know the name, leave this field blank.

Once you are done reading the agreement, you will see the last page has lots of spaces for everyone's contact information and signatures. You only need to focus on the information under 'SCHOOL PROGRAM DIRECTOR'.

Phone _____ Email _____

SCHOOL PROGRAM DIRECTOR

Date 12/5/2022

Name Maria Temple Signature 

Pharmacy Technician/Pharmacist License Number _____

School Address _____

Phone _____ Email maria.temple@tcps.org

LICENSED PHARMACIST OR NATIONALLY CERTIFIED PHARMACY TECHNICIAN

You will notice that the fields for your name and email are pre-filled – this information was pulled from the PowerForm.

In this section you will be asked to fill out:

- Today's date
- Your pharmacy technician/pharmacist license number
- The address of the school where you work
- Your phone number

When you are ready to sign, click on the 'Sign' icon and this pop-up will appear:

You can click on 'Edit' on the right-hand side of the 'My Signatures and Initials' pop-up to choose from different styles of signatures.

When you are satisfied with the signature design, click on 'Adopt'. The completed section will look like this:

You will notice the document now has your signature on it as well

Done! Select Finish to send the completed document. **FINISH**

Name Jane Eyre Signature *Jane Eyre*
Date 11/29/2022
Pharmacy Technician Trainee License Number 0425002099
Address 234 Gateshead Blvd, Thornfield, VA 24090
Phone (804) 266-9080 Email janeeyre@tcps.org

PARENT/GUARDIAN
Date 02/15/1742
Name John Rivers Signature *John Rivers*
Address 234 Gateshead Blvd, Thornfield, VA 24090
Phone (804) 652-3456 Email johnrivers@yahoo.com

SCHOOL PROGRAM DIRECTOR
Date 11/29/2022
Name Maria Temple Signature *Maria Temple*
Pharmacy Technician/Pharmacist License Number 0258697412
School Address Lowood School, Thornfield, VA 24091
Phone (923) 121-1234 Email maria.temple@tcps.org

LICENSED PHARMACIST OR NATIONALLY CERTIFIED PHARMACY TECHNICIAN
Date 11/30/2022
Name Mister Lloyd Signature *Mister Lloyd*
License Number 0202207898
Pharmacy Permit Number 1710926621
Pharmacy Address 123 Lowood St, Thornfield, VA, 24091
Phone (876) 987-9999 Email misterlloyd@cvs.com

Ready to Finish?
You've completed the required fields. Review your work, then select **FINISH**. **FINISH**


Click 'Finish' when you are done filling out your information.

A pop-up will ask if you want to keep a copy of the document for your records

demo.docuSign.net/Signing/?ti=0c39df31a61946ff984e09b61eae63bc **Update**

Done! Select Finish to send the completed document. **FINISH** **OTHER ACTIONS**

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, select Download or Print and save.

DOWNLOAD **PRINT** **CLOSE**

STUDENT
Date of Birth _____
Name Jane Eyre
Date 11/29/2022
Pharmacy Technician License Number _____
Address 234 Gateshead Blvd, Thornfield, VA 24090
Phone (804) 266-9080 Email zahra.qarni@doli.virginia.gov

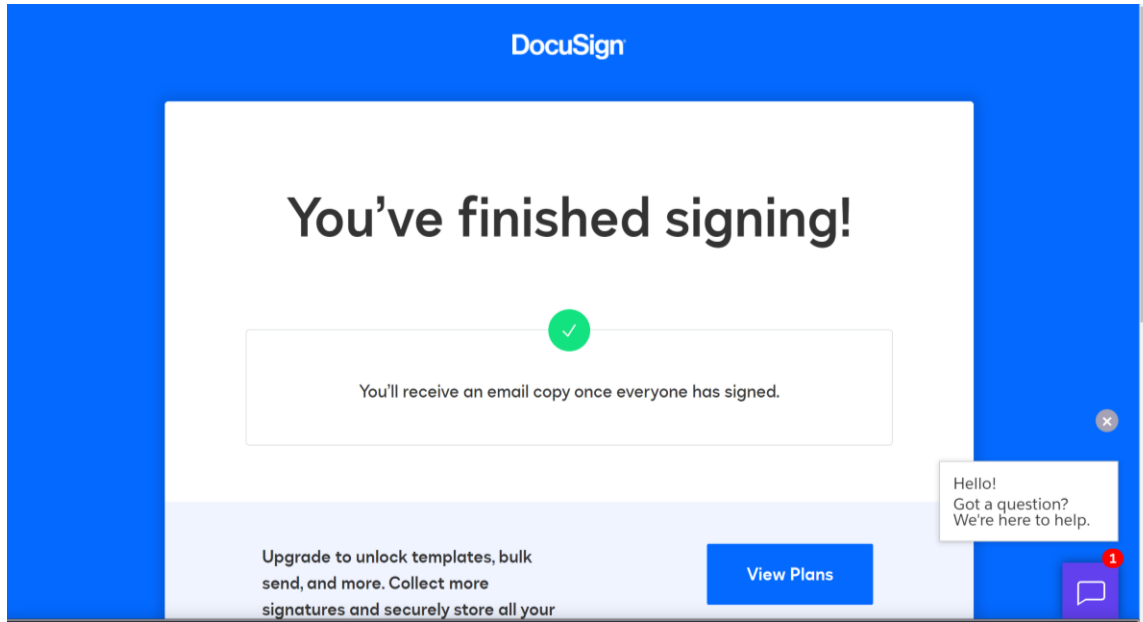
PARENT/GUARDIAN
Date _____
Name John Rivers
Address _____
Phone _____ Email zahra.qarni@doli.virginia.gov

SCHOOL PROGRAM DIRECTOR
Date _____
Name Maria Temple
Pharmacy Technician/Pharmacist License Number _____

Ready to Finish?
You've completed the required fields. Review your work, then select **FINISH**. **FINISH**

Please note that at this time, the document will only have the information you just filled in. Once everyone else who needs to fill in their information is done, you will receive a completed copy of the agreement for your records by email.

Once you click on 'Close' you will be redirected to this screen



That's all - You are done filling out your portion of the agreement.

Note: You can save and close your document anytime, just click the link sent to your email initially when you wish to pick back up again. Remember, you need to complete the agreement for the student to be able to start their clinical experience.